

# Civil Service Rule 6.5(g) (Extraordinary Qualifications/ Credentials)

## Supplemental Training Module for Liaisons



Office of Human Resources  
Staffing and Compensation Unit

# Navigation

The screenshot shows a presentation interface. On the left is a vertical menu titled "Menu" with a list of 32 items. Item 2, "Contents", is highlighted with a blue background. A blue arrow points from the text "click on any page on the left hand menu bar" to the menu area. The main content area has a title bar "DOA\_HR\_Module\_Title" and a "Resources" link in the top right. The content area contains the following text: "Please note: No audio.", "Click [NEXT >] to advance.", "Click [pause icon] to pause.", "Click [play icon] to play.", "Click [PREV <] for previous frame.", and "To return or advance to other slides, click on any page on the left hand menu bar." At the bottom of the main content area, it says "Estimated run time: 40 minutes". The bottom of the interface features a control bar with a speaker icon, a play button, a progress bar, a refresh icon, and "PREV" and "NEXT" buttons.

Menu

1. Title Navigation
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DOA\_HR\_Module\_Title

Resources

Please note: No audio.

Click [NEXT >] to advance.

Click [pause icon] to pause.

Click [play icon] to play.

Click [PREV <] for previous frame.

To return or advance to other slides, click on any page on the left hand menu bar.

Estimated run time: 40 minutes

[Speaker icon] [Play button] [Progress bar] [Refresh icon] [PREV] [NEXT >]

# Contents

- Overview
  - Rule Compliance Background
- Required 6.5(g) Documentation
- Requesting Salary Adjustments
  - Process Checklist
  - 6.5(g) Steps Reviewed
    - HR Notification

# Overview

**This training module provides the procedures for requesting special pay under the State Civil Service (SCS) Rule 6.5(g) for applicants who possess extraordinary qualifications/credentials.**

- **Policy pertaining to a 6.5(g) request:**

- DOA Personnel Policy No. 45, Hiring Above the Minimum, State Civil Service Rule 6.5(g)

- <http://www.doa.louisiana.gov/ohr/policies/PersonnelPolicy45.pdf>

- **Forms used for a 6.5(g) request:**

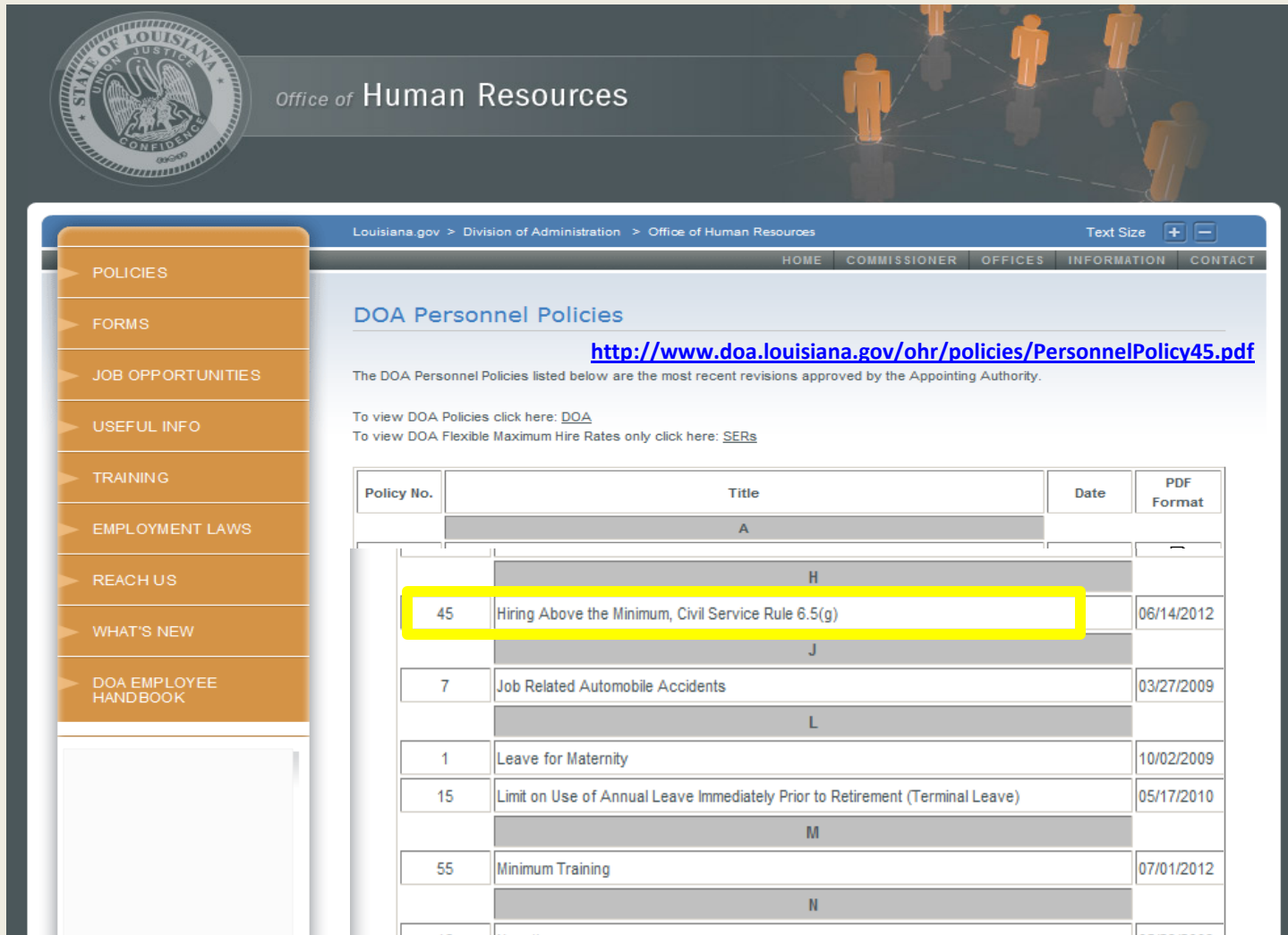
- Release for Reference Checking
  - Verification of Employment [6.5(g)] Request

- <http://www.doa.louisiana.gov/ohr/forms/forms1.htm>



# Rule Compliance: Approved Written Policy

The Office of Human Resources representative verifies the section/agency possesses a required, written 6.5(g) SCS policy, approved by Appointing Authority. The policy itself **does not** require Civil Service Commission approval.



The screenshot displays the Louisiana Office of Human Resources website. The header features the State of Louisiana seal and the text "Office of Human Resources". The navigation menu on the left includes links to POLICIES, FORMS, JOB OPPORTUNITIES, USEFUL INFO, TRAINING, EMPLOYMENT LAWS, REACH US, WHAT'S NEW, and DOA EMPLOYEE HANDBOOK. The main content area is titled "DOA Personnel Policies" and includes a link to the full policy document: <http://www.doa.louisiana.gov/ohr/policies/PersonnelPolicy45.pdf>. Below this, a table lists the policies, with the entry "45 Hiring Above the Minimum, Civil Service Rule 6.5(g)" highlighted.

Policy No.	Title	Date	PDF Format
	A		
	H		
45	Hiring Above the Minimum, Civil Service Rule 6.5(g)	06/14/2012	
	J		
7	Job Related Automobile Accidents	03/27/2009	
	L		
1	Leave for Maternity	10/02/2009	
15	Limit on Use of Annual Leave Immediately Prior to Retirement (Terminal Leave)	05/17/2010	
	M		
55	Minimum Training	07/01/2012	
	N		

POLICIES

FORMS

JOB OPPORTUNITIES

USEFUL INFO





















TRAINING

EMPLOYMENT LAWS

REACH US

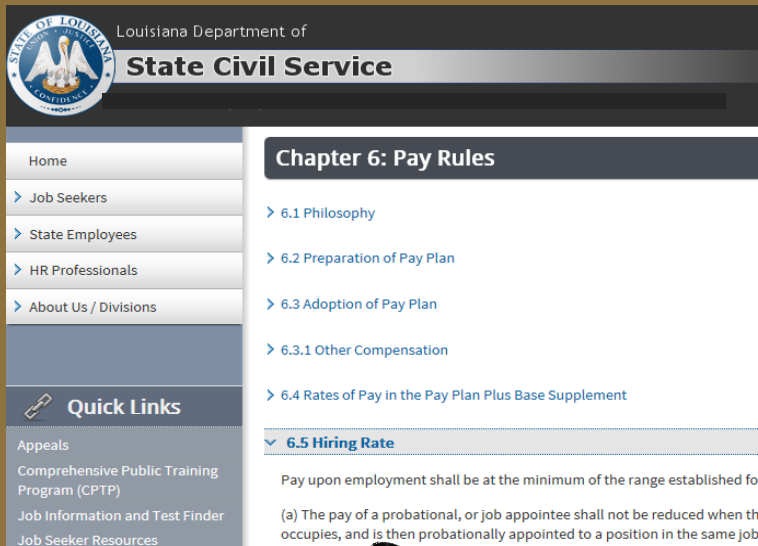
WHAT'S NEW

**Find associated forms at****<http://www.doa.louisiana.gov/ohr/forms/forms1.htm>**

Form	PDF Format
<b>ATTENDANCE</b>	
Flexible Hours Request Form	
Attendance/Leave, Work Hours Guide	
Student Employee Time Sheet (Recommended Format)	
<b>BENEFITS</b>	
Lasers Change of Address Authorization	
<b>CELLULAR PHONES/MOBILE DEVICES</b>	
Justification Memorandum for Wireless Communication Devices	
Cellular Phone/Mobile Device Policy Acknowledgement and Certification Form	
<b>CLASSIFICATION</b>	
SF-3 Position Description	
SF-3.A Optional Attachment	
Change of La Gov HCM Org Unit and/or Reporting Relationship Request	
Classified WAE Position Description	
Statement of Agreement and Understanding - Employment in a Non-Permanent Position	
<b>COMPENSATION</b>	
Release for Reference Checking	
Verification of Employment [6.5(g)] Request	
On-Call Pay Request Form	
Shift Differential	
Special Projects/Significant Achievement	
Education/Training/Certification Application	
Optional Pay Grid	
Optional Pay Questionnaire	
Premium Pay	

\*Release for  
Reference  
Checking  
&  
\*Verification  
of  
Employment  
6.5 (g)  
Request

# 6.5(g) Preview



**See  
State Civil Service  
Pay Rules,  
Section (g):**

<http://www.civilservice.louisiana.gov/CSRules/Chapter6.aspx>

- A written policy approved by the Appointing Authority must be in place.
- The appointment is probational or job appointment.
- The request does not exceed the 3<sup>rd</sup> quartile for the affected job.
- The pay adjustment is requested at or within one year of initial hire. Pay adjustment must be prospective.



# Rule Compliance

- A concurrent pay adjustment may be requested for **existing employees** who occupy positions in the same job title and possess the same or equivalent qualifications.
- In order for a current employee to receive a 6.5(g) adjustment based on a new hire, the action **must** take place on the same date that the 6.5(g) pay adjustment is given to the newly hired employee.
- The **same documentation** completed for a **new hire** also must be completed for a **current employee**.





# Rule Compliance



# Rule Compliance

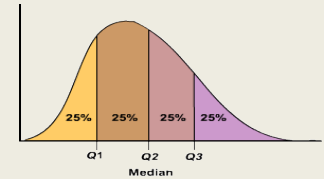
If permanent status employee resigns and rehired into the same position, the same job title, or a lower level job in a career progression group at the same agency, the employee **shall not** be eligible for an increase under this rule unless preceded by a **60 day break in State service.**

# Rule Compliance Review

Probational or Job Appointment



Up to the 3<sup>rd</sup> Quartile



Upon Initial Hire or Within  
1 Year of Initial Hire



**PAR**

**Conditional Offer  
of Employment**

**Justification  
Letter**

**SF3**



**SF10**

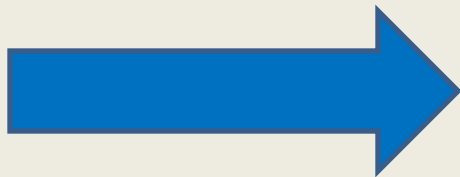
**Transcript  
& Licenses**

**Verification of  
Employment**

**Reference Check  
Release**

# Required Documents:

## 1. Web-based Personnel Action Request (PAR) Form

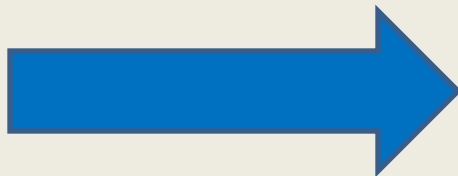


PAR Details		Comments				
Section: <b>Information Services</b>		Time Admin No: <input type="text"/>	Date Prepared: 05/02/2014			
Subgroup: Classified	Employee Status: <b>- Select Status -</b>	<input type="radio"/> Full Time <input type="radio"/> Part Time: # of Hrs/Wk <input type="text"/>	FLSA: <input type="radio"/> Exempt <input type="radio"/> Non-exempt			
Name: <input type="text"/>		Leave Earning: <input type="radio"/> Yes <input type="radio"/> No				
Date of Birth: <input type="text"/>	Race: <b>Decline to State</b>	Ethnicity: <b>Decline to State</b>	Sex: <b>Decline to State</b>			
Action Type: New Hire		Proposed Effective Date: <input type="text"/>	Ending Date: <input type="text"/>			
Reports To: <input type="text"/>						
To:						
Section: <input type="text"/>						
Position No: <input type="text"/>	Job Title: <input type="text"/>	Job No: <input type="text"/>				
BiWkly Pay: \$ <input type="text"/>	Hrly Pay: \$ <input type="text"/>	Pay Level: <input type="text"/>				
Special Pay: <input type="checkbox"/>	Type: <input type="checkbox"/> SER <input type="checkbox"/> ON Call <input type="checkbox"/> Shift Diff.	Safety - Sensitive: <input type="radio"/> Yes <input checked="" type="radio"/> No				
If the position to be used is not in your T.O., which position do you want to swap out of your T.O.? Position No./Title: <input type="text"/>						
Remarks/Work Schedule/Justification: <input type="text"/>		Work Parish: <b>East Baton Rouge</b>				
Org. Unit No: <input type="text"/>	Cost Centers					
	Cost Center	Object	Sub-Object	Repl. Category	Percent	Remove
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="button" value="Add Another"/>					
Attachments:						
Computation of Student Pay: No attachment <input type="button" value="Browse..."/>			COE: No attachment <input type="button" value="Browse..."/>			
Justification e-mail or memo from section: No attachment <input type="button" value="Browse..."/>			SF-10D Application for Student Employment: No attachment <input type="button" value="Browse..."/>			
Org Chart: <input type="button" value="Browse..."/> <input type="checkbox"/> If not current or not attached, make note in Comments section						
SF3: <input type="button" value="Browse..."/> <input type="checkbox"/> If not current or not attached, make note in Comments section						

# Required Documents:

## 2. Conditional Offer of Employment (COE) Form

<http://www.doa.louisiana.gov/OHR/forms/COE.9.2013.pdf>



OF-722 REVISED 09/13

**DIVISION OF ADMINISTRATION  
CONDITIONAL OFFER OF EMPLOYMENT**

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**TO BE COMPLETED BY THE SECTION:**

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Personnel #: \_\_\_\_\_  
(Please print)

Applicant Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

This is a Conditional Offer of Employment to a position with the: \_\_\_\_\_  
(Section or division)

In the job title of: \_\_\_\_\_ Salary Offered: \_\_\_\_\_

In the following status: \_\_\_\_\_  
(Permanent status) or (Probationary status for up to 24 months) or (Other-please specify)

☐ Transferring w/out a break in service ☐ New Hire ☐ Retiree Rehire \_\_\_\_\_ Other-(Please specify) \_\_\_\_\_  
(Please check all that apply)

This position has been designated as a security-sensitive position and a criminal history check must be performed. ☐ yes ☐ no

This conditional offer has been made by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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**TO BE COMPLETED BY THE APPLICANT IN OHR:**

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge?  
\_\_\_\_ Yes \_\_\_\_ No If "Yes", give the law enforcement authority (city, police, sheriff, FBI, etc.) the offense, place and disposition of the case: \_\_\_\_\_

Have you ever been fired from a job or resigned to avoid dismissal? \_\_\_\_ Yes \_\_\_\_ No

Are you currently a party to any litigation, claim, arbitration, mediation or any other action against the State of Louisiana or any of its departments or divisions? \_\_\_\_ Yes \_\_\_\_ No

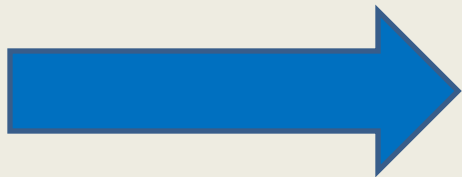
NOTE: Answering "Yes" to the above questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

The conditions which must be met in order for this offer to be made a final and real offer of employment include, but are not limited to:

- 1) You must take and pass a drug test.
- 2) You must agree, in writing, to allow a criminal history check to be conducted if this position has been designated as a security-sensitive position.
- 3) You must meet all requirements for the job title including, but not limited to, meeting the Department of State Civil Service (DSCS) Minimum Qualification Requirements for the position, and, the salary you may be offered must be verified to be in compliance with Division of Administration (DOA) policy and DSCS rules. The salary must be approved by the appointing authority.

Page 1 of 2

**Required  
Documents:  
3. Justification  
Letter  
Addressed to the  
Appointing  
Authority**



**TO:** \_\_\_\_\_, Appointing Authority  
**FROM:** \_\_\_\_\_, Section Head  
**DATE:** March 1, 20XX  
**SUBJECT:** J. Doe -- 6.5(g) Request

In accordance with Civil Service Rule 6.5(g), I am requesting to hire Mr. J. Doe as a State Risk Adjuster 4, at the rate of \$1,891.60 bi-weekly or \$49,182.00 annually. This is the mid-point of the AS-615 pay level. Mr. Doe possesses extraordinary qualifications/credentials as described below.

Mr. Doe has approximately eighteen (18) years of experience as an Insurance Claims Adjuster and numerous certifications including Legal Principles Claims Specialist designation, Certified Worker's Compensation Professional, and Property Claim Law Associate. He also has a Master's Degree in Business Administration.

I have reviewed the salaries of other Adjuster 4s within the General Liability Unit of ORM and found that one Adjuster 4, Mr. T. Smith, is earning less than the recommended annual salary for Mr. Doe. However, Mr. Smith does not possess the same or equivalent qualifications/credentials as Mr. Doe. All the other Adjuster 4s in that unit have an annual salary greater than the recommended salary for Mr. Doe. Therefore, I am not planning to adjust any other salaries based on this request.

For the reasons provided above, your consideration and approval of this request would be greatly appreciated. Please let me know if you need any additional information.

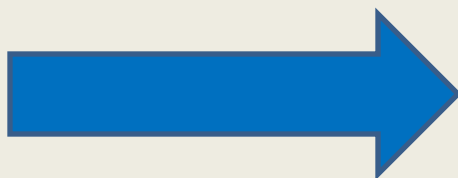
Thank you.



# Required Documents:


## 4. Current Employment Application (SF10)

<http://www.doa.louisiana.gov/ohr/forms/sf10d.pdf>



SF 10  
REV. 10/03

**APPLICANT: READ THE INSTRUCTIONS ON PAGE 2 BEFORE FILLING OUT THIS APPLICATION**  
Print clearly or type. Staple all loose pages before submitting application.

 **STATE OF LOUISIANA**  
DEPARTMENT OF CIVIL SERVICE  
P.O. BOX 94111, Capitol Station  
Baton Rouge, Louisiana 70804-9111

**STATE PRE-EMPLOYMENT APPLICATION**  
AN EQUAL OPPORTUNITY EMPLOYER

**FOR OFFICE USE**

Action(s) \_\_\_\_\_ JS NO.  
Session \_\_\_\_\_ V.P.  
Data Entry Completed \_\_\_\_\_ S.R.  
ISIS \_\_\_\_\_

**SEE INSTRUCTIONS ON PAGE 2**

Parish of Residence \_\_\_\_\_ Are you 18 or older? ☐ Yes ☐ No Other names ever used \_\_\_\_\_

NAME - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

ARE YOU REQUESTING A REGRADE? ☐ YES ☐ NO Email Address \_\_\_\_\_

Register, Job Title(s) or Test Series Applied for	FOR OFFICE USE					ADDITIONAL TITLES	FOR OFFICE USE				
	SER	CD	REJ	GRD	TR		SER	CD	REJ	GRD	TR

ALL TITLES LISTED ABOVE MUST HAVE THE SAME SERIES NO.

**JOB LOCATION AVAILABILITY - (IMPORTANT: Mark at least one (1), but no more than twenty (20) parishes. Mark only the parish (es) where you are willing to work. If you fail to reply to an inquiry or decline an offer of employment in a parish you marked, you will be removed from the eligible list. Availability information on your most recent SF-10 will be your availability for all jobs for which you have applied.**

<input type="checkbox"/> 01 Acadia	<input type="checkbox"/> 09 Caddo	<input type="checkbox"/> 17 E. B. R.	<input type="checkbox"/> 25 Jackson	<input type="checkbox"/> 33 Madison	<input type="checkbox"/> 41 Red River	<input type="checkbox"/> 49 St. Landry	<input type="checkbox"/> 57 Vermilion
<input type="checkbox"/> 02 Allen	<input type="checkbox"/> 10 Calcasieu	<input type="checkbox"/> 18 E. Carroll	<input type="checkbox"/> 26 Jefferson	<input type="checkbox"/> 34 Morehouse	<input type="checkbox"/> 42 Richland	<input type="checkbox"/> 50 St. Martin	<input type="checkbox"/> 58 Vernon
<input type="checkbox"/> 03 Ascension	<input type="checkbox"/> 11 Caldwell	<input type="checkbox"/> 19 E. Feliciana	<input type="checkbox"/> 27 Jeff Davis	<input type="checkbox"/> 35 Natchitoches	<input type="checkbox"/> 43 Sabine	<input type="checkbox"/> 51 St. Mary	<input type="checkbox"/> 59 Washington
<input type="checkbox"/> 04 Assumption	<input type="checkbox"/> 12 Cameron	<input type="checkbox"/> 20 Evangeline	<input type="checkbox"/> 28 Lafayette	<input type="checkbox"/> 36 Orleans	<input type="checkbox"/> 44 St. Bernard	<input type="checkbox"/> 52 St. Tammany	<input type="checkbox"/> 60 Webster
<input type="checkbox"/> 05 Avoyelles	<input type="checkbox"/> 13 Calhoun	<input type="checkbox"/> 21 Franklin	<input type="checkbox"/> 29 LaFourche	<input type="checkbox"/> 37 Ouachita	<input type="checkbox"/> 45 St. Charles	<input type="checkbox"/> 53 Tangipahoa	<input type="checkbox"/> 61 WBR
<input type="checkbox"/> 06 Beauregard	<input type="checkbox"/> 14 Claiborne	<input type="checkbox"/> 22 Grant	<input type="checkbox"/> 30 LaSalle	<input type="checkbox"/> 38 Plaquemines	<input type="checkbox"/> 46 St. Helena	<input type="checkbox"/> 54 Tensas	<input type="checkbox"/> 62 W. Carroll
<input type="checkbox"/> 07 Bienville	<input type="checkbox"/> 15 Concordia	<input type="checkbox"/> 23 Iberia	<input type="checkbox"/> 31 Lincoln	<input type="checkbox"/> 39 Pte. Coupee	<input type="checkbox"/> 47 St. James	<input type="checkbox"/> 55 Terrebonne	<input type="checkbox"/> 63 W. Feliciana
<input type="checkbox"/> 08 Bossier	<input type="checkbox"/> 16 DeSoto	<input type="checkbox"/> 24 Iberville	<input type="checkbox"/> 32 Livingston	<input type="checkbox"/> 40 Rapides	<input type="checkbox"/> 48 St. John	<input type="checkbox"/> 56 Union	<input type="checkbox"/> 64 Winn

**Please check the type of employment you will accept:**  
☐ Permanent ☐ Temporary

**Note: Temporary Appointments are no more than 36 months.**

**Are you claiming Veteran's Preference points on this application?**  
☐ YES (If "Yes" complete military service information on Page 3)  
☐ NO

**AUTHORITY TO RELEASE INFORMATION:** I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, human resources staff, and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment.

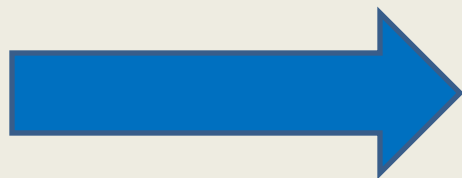
I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal from state service.

**I HAVE READ THE STATEMENTS ABOVE CAREFULLY BEFORE SIGNING THIS APPLICATION:**

Signature of Applicant: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date: \_\_\_\_\_ (For Verification): \_\_\_\_\_

# Required Documents:

## 5. Current Approved Position Description (SF3)



Correlated entries of SF3 and SF10.

For example...

COMPENSATION ADMINISTRATOR DEPARTMENT OF STATE CIVIL SERVICE P.O. BOX 94111 - CAPITOL STATION BATON ROUGE, LA 70804-9111		<b>POSITION DESCRIPTION</b> Form Revision Date: 7/1/2013		SCS JOB NUMBER	SCS ASSIGNED CONSULTANT
<b>HUMAN RESOURCES USE ONLY</b> <input type="checkbox"/> AFFIRMED <input type="checkbox"/> JOB CORRECTION <input type="checkbox"/> NEW POSITION ESTABLISHED		<input type="checkbox"/> REALLOCATED Up   Down   Laterel <input type="checkbox"/> RETURNED W/O ACTION		MAJOR AGENCY CODE [ ]	EFFECTIVE DATE
OFFICIAL ALLOCATION				OFFICIAL JOB CODE	PAY LEVEL
CONSULTANT	SUPERVISOR	DELEGATED <input type="checkbox"/> YES <input type="checkbox"/> NO	CAREER PROGRESSION GROUP <input type="checkbox"/> YES <input type="checkbox"/> NO	MASTER JOB DESCRIPTION <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS <div style="text-align: right; font-size: 1.2em;">[ '13-'14 paper version shown here ]</div>					
<b>1 TYPE OF REQUEST</b> Check appropriate request boxes. If master job description, see instruction sheet.					
<input type="checkbox"/> AGENCY APPEAL <input type="checkbox"/> EMPLOYEE APPEAL <input type="checkbox"/> S.S. APPEAL		<input type="checkbox"/> UPDATE <input type="checkbox"/> JOB CORRECTION <input type="checkbox"/> NEW POSITION		<input type="checkbox"/> MASTER <input type="checkbox"/> CAREER PROGRESSION GROUP	PERSONNEL AREA CODE [ ]
CURRENT OFFICIAL JOB TITLE (If position is in ACS, list CAP of AUCTION)				CURRENT PAY LEVEL	CURRENT OFFICIAL JOB CODE
REQUESTED OFFICIAL JOB TITLE				REQUESTED PAY LEVEL	REQUESTED OFFICIAL JOB CODE
<b>2 GENERAL INFORMATION</b>					
EMPLOYEE'S NAME - FIRST, LAST [ ]			Employee Qualifies For Job <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICE TELEPHONE ( [ ] ) [ ]	
AGENCY/DEPARTMENT - OFFICE - DIVISION [ ]			HUMAN RESOURCES CONTACT [ ]		
OFFICIAL TITLE OF SUPERVISOR [ ]		DIRECT SUPERVISOR'S POSITION NUMBER [ ]	HUMAN RESOURCES TELEPHONE ( [ ] ) [ ]		
<b>3 COMPARATIVE POSITIONS</b>					
List positions that have similar or identical duties to this position.					
INCUMBENT NAME	POSITION NUMBER	OFFICIAL JOB TITLE / AGENCY			
[ ]	[ ]	[ ]			
[ ]	[ ]	[ ]			
<b>4 SUPERVISORY ELEMENTS</b>					
ORGANIZATIONAL CHART MUST BE ATTACHED					
<input type="checkbox"/> DETERMINES WORK ASSIGNMENTS <input type="checkbox"/> REVIEWS AND APPROVES WORK		<input type="checkbox"/> RECOMMENDS HIRING/PROMOTIONS <input type="checkbox"/> PREPARES & SIGNS PES RATING		<input type="checkbox"/> TRAINS STAFF <input type="checkbox"/> APPROVES LEAVE	
				NUMBER OF DIRECT SUBORDINATES [ ]	
<b>5 ATTACHMENTS</b>					
Check to indicate attachments. Please review position description instruction sheet for details regarding required attachments.					
<input type="checkbox"/> Organizational Chart (required) <input type="checkbox"/> Duties / Responsibilities (required) <input type="checkbox"/> Comments <input type="checkbox"/> MJD Position Numbers <input type="checkbox"/> Contracted Personnel Form					
<b>6 SIGNATURES</b>					
EMPLOYEE		DATE [ ]	<input type="checkbox"/> I certify that the information in this document is true and correct to the best of my knowledge. <input type="checkbox"/> I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.		
DIRECT SUPERVISOR		DATE [ ]	<input type="checkbox"/> I certify that I agree with this document. <input type="checkbox"/> I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.		
APPOINTING AUTHORITY (Required for processing) Position Description		DATE [ ]	<input type="checkbox"/> I certify that I agree with this document. <input type="checkbox"/> I certify that I have reviewed the position description. I disagree with a portion of the contents and have attached comments.		

# Correlated details: SF3 to SF10

## SF3 Position Description

### 7 JOB DUTIES AND RESPONSIBILITIES

Provide a brief statement describing the function of work or reason why the position exists. List duties indicating the percent of time spent for each area of responsibility. If applicable, describe any unusual physical demands and/or unavoidable hazards of the position. Attach additional pages if necessary.

If duty(s) are short-term / temporary and nonrecurring, note beginning and ending dates and percent of time required to perform the duty(s). Begin the writing of your short-term duty statement(s) as follows: (SHORT-TERM – beginning and ending dates)  
Example: (SHORT-TERM – 1/1/99 thru 1/31/99) I count.....

PERCENTAGES MUST TOTAL 100% LIST DUTIES IN DECREASING ORDER OF IMPORTANCE / COMPLEXITY. THE NEED FOR SPECIAL LICENSE, POLICE COMMISSION, KNOWLEDGE OR TRAINING MUST BE INDICATED BELOW, IF APPLICABLE.

Correlate extraordinary qualifications between SF3 and SF10.

For example, continued next slide...

## SF10 Student Application

IF YOU DO NOT ANSWER ALL QUESTIONS COMPLETELY, YOUR APPLICATION MAY BE REJECTED OR DELAYED SEVERAL WEEKS, AND YOU WILL MISS JOB OPPORTUNITIES.

NAME \_\_\_\_\_

WORK EXPERIENCE – **IMPORTANT!** List all jobs and activities including military service, part-time employment, self-employment, and volunteer work. BEGIN with your FIRST job in Block A; END with your MOST RECENT or PRESENT job.

<b>A</b> EMPLOYER/COMPANY NAME		KIND OF BUSINESS	
STREET ADDRESS		YOUR OFFICIAL JOB TITLE	
CITY AND STATE	TELEPHONE NUMBER	BEGINNING SALARY	ENDING SALARY
DATES OF EMPLOYMENT (MO/YR) FROM / / TO / /		AVERAGE HRS. WORKED PER WEEK	REASON FOR LEAVING
NAME / TITLE AND PHONE NO. OF YOUR SUPERVISOR		NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED	
NAME / TITLE OF PERSON WHO CAN VERIFY THIS EMPLOYMENT		LIST JOB TITLES OF EMPLOYEES YOU DIRECTLY SUPERVISED	

DUTIES: List the major duties involved with job and give an approximate percentage of time spent on each duty.	
% OF TIME	MAJOR DUTIES
100%	

<b>B</b> EMPLOYER/COMPANY NAME		KIND OF BUSINESS	
STREET ADDRESS		YOUR OFFICIAL JOB TITLE	
CITY AND STATE	TELEPHONE NUMBER	BEGINNING SALARY	ENDING SALARY
DATES OF EMPLOYMENT (MO/YR) FROM / / TO / /		AVERAGE HRS. WORKED PER WEEK	REASON FOR LEAVING
NAME / TITLE AND PHONE NO. OF YOUR SUPERVISOR		NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED	
NAME / TITLE OF PERSON WHO CAN VERIFY THIS EMPLOYMENT		LIST JOB TITLES OF EMPLOYEES YOU DIRECTLY SUPERVISED	

DUTIES: List the major duties involved with job and give an approximate percentage of time spent on each duty.	
% OF TIME	MAJOR DUTIES
100%	

### **SF3 "JOB DUTIES AND RESPONSIBILITIES" Section**

#### **State Risk Adjuster 4 – Position #54321**

**60%:** evaluates and the most complex personal, causality, and property claims. Field investigation tasks include but are not limited to inspecting accident sites, developing facts of an accident from any available, taking photographs, taking measurement, inspecting vehicles for damages and defects, making field notes, making sketch drawing of accidents scenes,....

**25%:** Determines litigation, prepares claims with attorneys for legal action, attends mediation and as well as in court concerning the results of investigations conducted.

### **SF10 "Work Experience" Section**

Applicant Name: J. Doe

Type of Degree Earned: **Master's Degree, Business Administration** – May 1987

Type of Professional License or Certificate: **Legal Principle Claims Specialist designation; Certified Worker's Compensation Professional; Property Claim Law Associate**

Employer: XYZ Company

Dates of Employment: February 2, 1992 – June 3, 2010 **(18+ years experience)**

Official Job Title: Insurance **Claims Adjuster**

#### **Major Job duties:**

Conducted complex property and casualty claim ; pursued and second injury fund claim; from the scene of accidents and determined the probable amount of exposure of loss; coordinated activities of attorneys, investigators, physicians and other specialized personnel in the resolution of claims cases; personal injury, casualty and property claims.

# Required Documents:

## 6. Release for Reference Checking Form

<http://www.doa.louisiana.gov/OHR/forms/Release.pdf>



### RELEASE FOR REFERENCE CHECKING

“We want you to know that reference checking is an important part of our hiring process. In addition to contacting the persons you furnished us as references on your Civil Service Application or resume, we may also contact other business associates, acquaintances and friends. We ask all references a series of questions about work experience, character, personal habits, educational background and personality. In some cases we ask an outside firm to check references.”

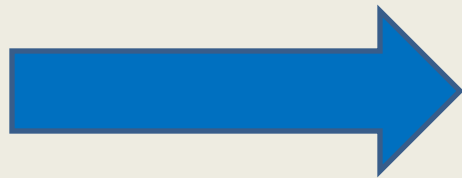
“I voluntarily consent to allow the Division of Administration or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character and personality.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Required Documents:

## 7. Completed Verification of Employment Form



\*Contact references for all positions with extraordinary qualifications.

### Verification of Employment

For each **work experience** that is considered **extraordinary** and is being used to justify hiring above the minimum of the pay range [6.5(g)], verification must be made by contacting the employer to confirm the applicant's employment.

Name of Employer		
	(Employer Name)	
Name and title of the individual confirming the information on the applicant's employment application		
	(Name)	(Title)
Applicant's dates of employment		
	(From)	(To)
Job title held by the applicant		
	(Job Title)	
Specific work experience which the employer confirmed that the applicant had obtained		
Name and title of the DOA representative who verified the applicant's qualifications		
	(Print Name) / (Signature)	(Title)
Date and time the qualifications were verified by the DOA representative		
	(Date)	(Time)

Name of Employer		
	(Employer Name)	
Name and title of the individual confirming the information on the applicant's employment application		
	(Name)	(Title)
Applicant's dates of employment		
	(From)	(To)
Job title held by the applicant		
	(Job Title)	
Specific work experience which the employer confirmed that the applicant had obtained		
Name and title of the DOA representative who verified the applicant's qualifications		
	(Print Name) / (Signature)	(Title)
Date and time the qualifications were verified by the DOA representative		
	(Date)	(Time)

# 8. College Transcript/Licenses

If required, the applicant must submit a copy of his/her **college transcript** or **college diploma** and **licenses**. The **original transcript** must be submitted 2-weeks after being hired.





# Current Employee Salary Adjustment

The current employee must have the same job title and possess the same or equivalent qualifications.

If you **are** planning to request an adjustment for current employees, include a statement within the new hire justification letter, such as:

## **Sample Statement:**

a) “Two other Analyst 4s, Mary D. and Tom C. possess same or equivalent extraordinary qualifications as Mr. Doe (new hire). Explain within the justification the current employees extraordinary qualifications as they compare to Mr. Doe’s qualifications.”

If you **are not** requesting an adjustment...

# Current Employee Salary Adjustment

The current employee must have the same job title and possess the same or equivalent qualifications.

If you **are not** planning to request an adjustment, include a statement within the new hire justification letter, such as:

## **Sample Statements:**

a) “Two other employees hold the same job title; however, their salaries will not be adjusted because they do not possess Mr. Doe’s years of experience,” or

b) “The credentials of employees with the same job title have been reviewed, and determined that no other salaries will be affected at this time due to budgetary, disciplinary issues, etc.,” or

c) “No other salaries will be adjusted based on this request because no other employees within the unit hold the same job title.”

# Salary Adjustment Formula

**Formula to use for** the same or equivalent qualifications:

## Example #1:

**New hire** is being brought in at the **Midpoint** (AS-615).

**Current employee** salary will be adjusted, but he/she **was** initially brought in under 6.5(g).

**Special Hire Rate** (rate new hire brought in) – 1

**Old hire rate** (rate the current employee was previously brought in at under 6.5g)

\$49,182 annually (rate of new hire at the **Midpoint**) – 1 = **0.06 or 6%**

\$46,373 annually (rate current employee was brought in at under 6.5(g) when hired).

# Salary Adjustment Formula

## Example #2:

**New hire** is being brought in at the **Midpoint** (AS-615).

**Current employee, not** previously a 6.5(g), salary to be adjusted.

**Special Hire Rate** (rate of new hire at the **Midpoint**) – 1

**Old hire rate** (current minimum of the AS-615 pay level or current SER)

**\$49,182 annually** (rate of new hire at the **Midpoint**) – 1 = **0.55 or 55%**

**\$31,678 annually** (current minimum of the AS-615 pay level)

**\$49,182 annually** (rate of new hire at the **Midpoint**) – 1 = **0.25 or 25%**

**\$40,430 annually** (current SER for that position)

An adjustment may be requested up to the percentage calculated. From past experience, **most adjustments have been approved at less than 10%**. Also, take into consideration the salaries of other employees in higher pay levels to avoid causing disparate pay situations.

# 6.5(g) Checklist

(p. 1/2)

Y E S	N O	Human Resources reviews the following:
		<ul style="list-style-type: none"> <li>▪ Section/Agency policy on file.</li> </ul>
		<ul style="list-style-type: none"> <li>▪ Completed Personnel Action Request (PAR) form.</li> </ul>
		<ul style="list-style-type: none"> <li>▪ Justification Letter (Indicate within the justification letter if salary adjustments are being recommended for current employees.)</li> </ul>
		<ul style="list-style-type: none"> <li>▪ Current SF3 (Position Description) – The Official Affirmed Copy.</li> </ul>
		<ul style="list-style-type: none"> <li>▪ Current SF10 (Current Civil Service Employment Application).</li> </ul>
		<ul style="list-style-type: none"> <li>▪ Extraordinary credentials correlated and highlighted between SF-3 and SF-10. [Use a number system or highlighting process</li> </ul>
		<ul style="list-style-type: none"> <li>▪ <i>Release for Reference Checking</i> form signed by the applicant (<i>prior to checking references</i>).</li> </ul>
		<ul style="list-style-type: none"> <li>▪ Current or Previous Employers verified               <ul style="list-style-type: none"> <li>-Verification of Employment [6.5(g)] Request Form -- located under the <i>COMPENSATION</i> section at <a href="http://www.doa.louisiana.gov/ohr/forms/forms1.htm">http://www.doa.louisiana.gov/ohr/forms/forms1.htm</a></li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>▪ Salary Verified</li> </ul> <div>continued...</div>

## 6.5(g) Checklist, continued:

(p. 2/2)

Y E S	N O	Human Resources Reviews the Following:
		<ul style="list-style-type: none"> <li>▪ <u>Educational Credentials</u>:               <ul style="list-style-type: none"> <li>- Copy of transcript or diploma (The <b><u>Official Transcript</u></b> must be submitted 2 weeks after being hired).</li> <li>- Letter of Award or Certificate</li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>▪ Current employees in the same job title are reviewed (<b><i>A brief statement by the section head is included within the justification letter</i></b>):               <ul style="list-style-type: none"> <li>_____ Extraordinary qualifications found, request to increase pay.</li> <li>_____ If yes, 6.5(g) documentation included.</li> <li>_____ Extraordinary qualifications found, no increase in pay.</li> <li>_____ If no, section head written explanation included.</li> <li>_____ No extraordinary qualification found among other employees.</li> <li>_____ No other employees in same job title.</li> </ul> </li> </ul>

For a paper version of the checklist, please contact L & D.

# 6.5(g) Review





# Interview

**I bring  
extraordinary  
talents!**

*I see that!  
You've come to  
the right place.*



1. Applicants are interviewed for employment.

# Conditional Offer of Employment

2. A section representative makes a conditional offer of employment to the applicant.



# 3. Electronic Personnel Action Request (PAR) is submitted.



Office of Human Resources  
STATE OF LOUISIANA

<p>Personnel Number <input type="text"/></p> <p>Password <input type="password"/></p> <p><input type="button" value="Login"/></p>	<p>Your State Personnel Number consists of a <b>P</b> followed by 8 digits. For example: <b>P00012345</b>.</p> <p>If you have a <b>P-ID</b>, you can <b>reset</b> or <b>change</b> your password using the LEO Password Maintenance Application</p>
---	---

**To access PAR logon site, go to :**  
<http://wwwprd1.doa.louisiana.gov/par/>

More on PARs...

# Personnel Action Request (PAR)

3. Human Resources staff verifies that the request complies with Civil Service Rule 6.5(g) and ensures that all required documents are completed and attached, including...

List & placement of forms...

AR Details		Comments				
Section: <b>Information Services</b>		Time Admin No: <input type="text"/>	Date Prepared: 04/30/2014			
Subgroup: Student	Employee Status: <b>- Select Status -</b>	<input type="radio"/> Full Time <input type="radio"/> Part Time: # of Hrs/Wk: <input type="text"/>	FLSA: <input type="radio"/> Exempt <input type="radio"/> Non-exempt			
Name: <input type="text"/>		Leave Earning: <input type="radio"/> Yes <input type="radio"/> No				
Date of Birth: <input type="text"/>	Race: <b>Decline to State</b>	Ethnicity: <b>Decline to State</b>	Sex: <b>Decline to State</b>			
Action Type: New Hire		Proposed Effective Date: <input type="text"/>	Ending Date: <input type="text"/>			
Reports To: <input type="text"/>						
To: <input type="text"/>						
Section: <input type="text"/>						
Position No: <input type="text"/>	Job Title: <input type="text"/>	Job No: <input type="text"/>				
BiWkly Pay: \$ <input type="text"/>	Hourly Pay: \$ <input type="text"/>	Pay Level: <input type="text"/>				
Special Pay: <input type="checkbox"/>	Type: <input type="checkbox"/> SER <input type="checkbox"/> ON Call <input type="checkbox"/> Shift Diff.	Safety - Sensitive: <input type="radio"/> Yes <input checked="" type="radio"/> No				
If the position to be used is not in your T.O., which position do you want to swap out of your T.O? Position No./Title: <input type="text"/>						
Remarks/Work Schedule/Justification: <div><div></div></div>		Work Parish: <b>East Baton Rouge</b>				
Org. Unit No: <input type="text"/>	Cost Centers					
	Cost Center	Object	Sub-Object	Rept. Category	Percent	Remove
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="button" value="Add Another"/>					
Attachments:						
COE: <b>attachment</b>			LA Careers Application: <b>attachment</b>			
Justification e-mail or memo from section: <b>attachment</b>			State of Louisiana Employment Application: No attachment			
Transcript: No attachment						
Org Chart: <b>View attachment</b> Org Chart is not current or not attached. Check the Comments section.						
SF3: <b>View attachment</b> SF3 is not current or not attached. Check the Comments section.						
Miscellaneous: No attachment						

# Conditional Offer of Employment

An OHR liaison contacts the applicant and schedules a date & time for her/him to visit OHR to complete the necessary paperwork.

Attachments:	
COE: attachment	LA Careers Application: attachment
Justification e-mail or memo from section: attachment	State of Louisiana Employment Application: No attachment
Transcript: No attachment	
Org Chart: View attachment    Org Chart is not current or not attached. Check the Comments section.	
SF3: View attachment    SF3 is not current or not attached. Check the Comments section.	
Miscellaneous: No attachment	

OF-722

REVISED 09/13

## DIVISION OF ADMINISTRATION CONDITIONAL OFFER OF EMPLOYMENT

### TO BE COMPLETED BY THE SECTION:

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Personnel #: \_\_\_\_\_  
(Please print)

Applicant Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

This is a Conditional Offer of Employment to a position with the: \_\_\_\_\_  
(Section or division)

In the job title of: \_\_\_\_\_ Salary Offered: \_\_\_\_\_

In the following status: \_\_\_\_\_  
(Permanent status) or (Probationary status for up to 24 months) or (Other-please specify)

☐ Transferring w/out a break in service    ☐ New Hire    ☐ Retiree Rehire    ☐ Other-(Please specify)  
(Please check all that apply)

This position has been designated as a security-sensitive position and a criminal history check must be performed. ☐ yes ☐ no

This conditional offer has been made by:  
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

### TO BE COMPLETED BY THE APPLICANT IN OHR:

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge?

\_\_\_\_ Yes \_\_\_\_ No    If "Yes", give the law enforcement authority (city, police, sheriff, FBI, etc.) the offense, place and disposition of the case: \_\_\_\_\_

Have you ever been fired from a job or resigned to avoid dismissal? \_\_\_\_ Yes \_\_\_\_ No

Are you currently a party to any litigation, claim, arbitration, mediation or any other action against the State of Louisiana or any of its departments or divisions? \_\_\_\_ Yes \_\_\_\_ No

NOTE: Answering "Yes" to the above questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

The conditions which must be met in order for this offer to be made a final and real offer of employment include, but are not limited to:

- 1) You must take and pass a drug test.
- 2) You must agree, in writing, to allow a criminal history check to be conducted if this position has been designated as a security-sensitive position.
- 3) You must meet all requirements for the job title including, but not limited to, meeting the Department of State Civil Service (DSCS) Minimum Qualification Requirements for the position, and, the salary you may be offered must be verified to be in compliance with Division of Administration (DOA) policy and DSCS rules. The salary must be approved by the appointing authority.

# Justification Letter

## Attachments:

COE: **attachment**

LA Careers Application: **at**

Justification e-mail or memo from section: **attachment**

State of Louisiana Employm

Transcript: No attachment

Org Chart: **View attachment** Org Chart is not current or not attached. Check the Comments section.

SF3: **View attachment** SF3 is not current or not attached. Check the Comments section.

Miscellaneous: No attachment

Briefly state the applicant's extraordinary qualifications and indicate if a request is being made to adjust a current employee's salary.

**TO:** \_\_\_\_\_, Appointing Authority

**FROM:** \_\_\_\_\_, Section Head

**DATE:** 06/ 01, 20XX

**SUBJECT:** J. Doe -- 6.5(g) Request

In accordance with Civil Service Rule 6.5(g), I am requesting to hire Mr. J. Doe as a State Risk Adjuster 4, at the rate of \$1,891.60 bi-weekly or \$49,182.00 annually. This is the mid-point of the AS-615 pay level. Mr. Doe possesses extraordinary qualifications/credentials as described below.

Mr. Doe has approximately eighteen (18) years of experience as an Insurance Claims Adjuster and numerous certifications including Legal Principles Claims Specialist designation, Certified Worker's Compensation Professional, and Property Claim Law Associate. He also has a Master's Degree in Business Administration.

I have reviewed the salaries of other Adjuster 4s within the General Liability Unit of ORM and found that one Adjuster 4, Mr. T. Smith, is earning less than the recommended annual salary for Mr. Doe. However, Mr. Smith does not possess the same or equivalent qualifications/credentials as Mr. Doe. All the other Adjuster 4s in that unit have an annual salary greater than the recommended salary for Mr. Doe. Therefore, I am not planning to adjust any other salaries based on this request.

For the reasons provided above, your consideration and approval of this request would be greatly appreciated. Please let me know if you need any additional information.

Thank you.

# Correlated Position Description (SF3)

Attachments:	
COE: <a href="#">attachment</a>	
Justification e-mail or memo from section: <a href="#">attachment</a>	
Transcript: No attachment	
Org Chart: <a href="#">View attachment</a>	Org Chart is not current or not attached. Check
<a href="#">SF3: View attachment</a>	
Miscellaneous: No attachment	

## [Position Description (SF3)] – Affirmed Version State Risk Adjuster 4 – Position #54321

60%

(1)

(2)

Investigates, evaluates and negotiates the most complex personal, causality, and property claims.

Field investigation tasks include but are not limited to, inspecting and accident site, developing

(3)

facts of an accident from any physical evidence available, taking photographs, taking

measurement, inspecting vehicles for damages/defects, making field notes, making sketch

drawing of accidents scenes, etc...

25%

Determines litigation, prepares claims with attorneys for legal action, attends mediation and

(4)

trials and testifies in court concerning the results of investigations conducted.



# Correlated Employment Application (SF10)

## Employment Application (SF10) – Current J. Doe

Applicant Name: **J. Doe**

Type of Degree Earned: **Master's Degree in Business Administration – May 1987**

Type of Professional License or Certificate: **Legal Principles Claims Specialist designation  
Certified Worker's Compensation Professional  
Property Claim Law Associate**

Employer: XYZ Company

Dates of Employment: February 2, 1992 – June 3, 2010 **(18+ years experience)**

Official Job Title: Insurance Claims Adjuster

### Major Job duties:

**(1)**  
Conducted complex property and casualty claims investigations; investigated and pursued  
**(3)**  
second injury fund claim; gathered physical evidence from the scene of accidents and determined  
**(4)**  
the probable amount of exposure of loss; attends and/or testified in trials; coordinated activities  
of attorneys, investigators, physicians and other specialized personnel in the resolution of claims  
**(2)**  
cases; negotiated personal injury, casualty and property claims.

LA Careers Application: attachment

State of Louisiana Employment Application: ... attachment

Check the Comments section.

Comments section.

# Release for Reference Checking Form (Signed by the Applicant)

## RELEASE FOR REFERENCE CHECKING

“We want you to know that reference checking is an important part of our hiring process. In addition to contacting the persons you furnished us as references on your Civil Service Application or resume, we may also contact other business associates, acquaintances and friends. We ask all references a series of questions about work experience, character, personal habits, educational background and personality. In some cases we ask an outside firm to check references.”

“I voluntarily consent to allow the Division of Administration or any of its officers, employees or agents to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character and personality.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COE: **attachment**

Justification e-mail or memo from section: **attachment**

Transcript: No attachment

Org Chart: **View attachment** Org Chart is not current or not attached. C

SF3: **View attachment** SF3 is not current or not attached. Check the Cor

Miscellaneous:

# Verification of Employment Form

Attachments:	
COE: <b>attachment</b>	LA Careers Application: <b>a</b>
Justification e-mail or memo from section: <b>attachment</b>	State of Louisiana Employ
Transcript: No attachment	
Org Chart: <b>View attachment</b> Org Chart is not current or not attached. Check the Comments section.	
SF3: <b>View attachment</b> SF3 is not current or not attached. Check the Comments section.	
Miscellaneous:	

Verification of Employment	
For each <b>work experience</b> that is considered <b>extraordinary</b> and is being used to justify hiring above the minimum of the pay range [6.5(g)], verification must be made by contacting the employer to confirm the applicant's employment.	
Name of Employer	(Employer Name)
Name and title of the individual confirming the information on the applicant's employment application	(Name) (Title)
Applicant's dates of employment	(From) = (To)
Job title held by the applicant	(Job Title)
Specific work experience which the employer confirmed that the applicant had obtained	
Name and title of the DOA representative who verified the applicant's qualifications	(Print Name) / (Signature) (Title)
Date and time the qualifications were verified by the DOA representative	(Date) (Time)
Name of Employer	(Employer Name)
Name and title of the individual confirming the information on the applicant's employment application	(Name) (Title)
Applicant's dates of employment	(From) = (To)
Job title held by the applicant	(Job Title)
Specific work experience which the employer confirmed that the applicant had obtained	
Name and title of the DOA representative who verified the applicant's qualifications	(Print Name) / (Signature) (Title)
Date and time the qualifications were verified by the DOA representative	(Date) (Time)

# Official College Transcript and Licenses

## Attachments:

COE: [attachment](#)

LA Careers Application: [attachment](#)

Justification e-mail or memo from section: [attachment](#)

State of Louisiana Employment Application

Transcript: [attachment](#)

Org Chart: [View attachment](#) Org Chart is not current or not attached. Check the Comments section.

SF3: [View attachment](#) SF3 is not current or not attached. Check the Comments section.

Miscellaneous: No attachment

## Your School Name Here

Your School Address

Name: Your Name

ID# : Your Student ID  
DOB: Your Date of Birth

Dept	Course No	Title	Units Attempted	Units Earned	GRADE	GRADE POINTS
*** ACADEMIC TRANSCRIPT ***						
FALL 1969						
COM	101	Introduction to Speech Communication	3.0	3.0	A-	12.0
CIS	101	Introduction to Business Computers	3.0	3.0	B	9.0
ENG	121	English Composition	3.0	3.0	A	12.0
FRS	101	Beginning French I	3.0	3.0	B	9.0
MTS	111	Analytical Geometry & Calculus I	3.0	3.0	B-	9.0
PHY	113	Classical Physics	3.0	3.0	A	12.0
SEMESTER TOTALS			18.0	18.0	3.50	63.0
SPRING 1969						
ENG	122	Critical Writing and Reading	3.0	3.0	A	12.0
FRS	102	Beginning French II	3.0	3.0	B	9.0
MTS	112	Analytical Geometry & Calculus II	3.0	3.0	A	12.0
PHY	114	Classical Physics II	3.0	3.0	B	9.0
PHY	101	Introduction to Psychology	3.0	3.0	A-	12.0
SEMESTER TOTALS			15.0	15.0	3.60	54.0
CUMULATIVE TOTALS			33.0	33.0	3.55	117.0
FALL 1969						
ART	123	Art Appreciation	3.0	3.0	B-	9.0
BIO	121	General Biology I	3.0	3.0	B	9.0
ECO	202	Intro to Microeconomics	3.0	3.0	A-	12.0
FIN	101	Personal Finance Decision	3.0	3.0	A	12.0
HIS	122	World History 1871 to Present	3.0	3.0	A	12.0
SEMESTER TOTALS			15.0	15.0	3.60	54.0
SPRING 1970						
ACC	201	Moniers Accounting	3.0	3.0	A	12.0
ART	121	Intro to Music Appreciation	3.0	3.0	B	9.0
BIO	127	General Biology II	3.0	3.0	A	12.0
ECO	202	Intro to Macroeconomics	3.0	3.0	A-	12.0
FIN	204	Principles of Finance	3.0	3.0	A	12.0
ENG	204	Written Business Communications	3.0	3.0	A-	12.0
SEMESTER TOTALS			18.0	18.0	3.83	69.0
CUMULATIVE TOTALS			66.0	66.0	3.64	240.0

## Abbreviations & Footnotes

CG Change of grade  
IR Incomplete removed  
IC Incomplete charged  
EC Repeated class  
S Substitution  
RP By petition  
TC Transfer credit  
AO Audit only, no credit received

Student is in good standing unless otherwise indicated

## Transcripts Issued

06/09/1991

## Degree or Credential Certification

BBA 06/09/1991

TRANSCRIPT IS ONLY  
VALID WITH THIS  
SIGNATURE

Thomas Alan Caruthers

OFFICE OF THE REGISTRAR



# HR Review and Notification

- If necessary, the Human Resources representative notifies the Section Liaison of **missing 6.5(g) documentation**. The request is held until the required documentation is submitted, and comments are added to the “Comments” section of the Electronic PAR, indicating “Additional documents are required.”
- When all the required documentation is submitted, the Human Resources representative forwards the electronic PAR through the appropriate channels for approval/denial by the Appointing Authority.

# Final Decision

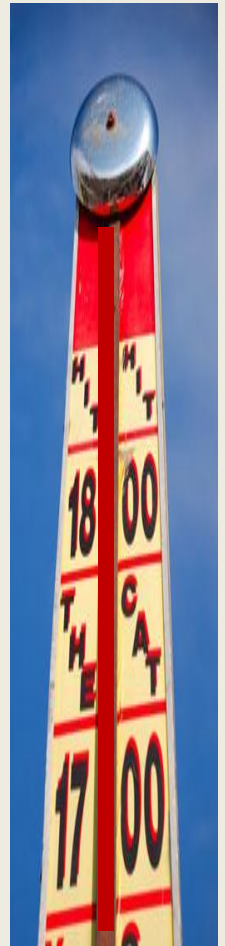
If the request is approved by the Appointing Authority, the applicant is contacted with a start date. If the request is denied, the applicant is notified as well.



# Congratulations!

**You've completed  
the web-based 6.5(g)  
Extraordinary/Credentials  
module!**

**For OHR Contacts and to earn credit for this module...**



# Contact Us

## Office of Human Resources Staffing and Compensation Unit

**Main Line (225) 342-6060**

**Fax Line (225) 342-0019** (confidential fax)

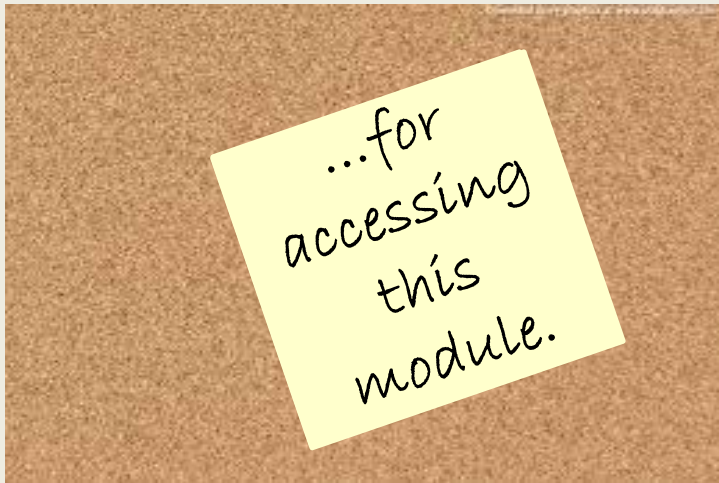
**Fax Line (225) 219-9558** (payroll fax)

To receive  
a PDF version  
of this module, please contact OHR L & D,  
342-6060.



# Comments?

**Thank you for accessing  
this web-based module!**



**Suggestions to improve  
the module are  
welcomed.**

**Contact**

***DOA OHR Organizational  
Learning and Development.***

**To earn credit** for this course, last page...

# Qualification on the Transcript?

To receive credit on your transcript:

**---View all slides---**

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